Understand the Link Between Migraines and Depression

by ERIC PATTERSON

Migraines and Depression

Migraine sufferer Barbara Leech and counselor Eric Patterson share their tips for combatting depression.

Counselor Eric's Advice for Managing Migraine and Depression

You don't like migraines and you don't like depression. The bad news is that if you have migraines, chances are better that you have depression as well. This common coexistence is due to the bidirectional nature of migraines and depression. Bidirectional means that one precipitates and causes the other.

This bidirectional relationship may seem problematic or even confusing initially but more clarity comes later. If you understand that people with migraine are much more likely to have depression, you no longer see them as separate, unique conditions, and begin perceiving them as one overriding illness.

If depression becomes worse, migraines are more frequent and intense. If migraines have been worse, then depression is likely to be debilitating and symptomatic. That means you, your doctors and your friends must consider both illnesses when planning your treatment.

Depression Symptoms and Sources

Never set out on treatment options without understanding depression symptoms and where they are coming from. Rather than saying "I'm depressed," begin to look at your daily routines and habits to understand changes in your life. Pay attention to appetite, sleep, attention, irritability, mood and self-esteem. Changes in these aspects of your life can signify a depressive episode. Increased hopelessness, pessimism and thoughts of suicide are major red flags that should be addressed swiftly to ensure your safety. Seek professional opinions as it is challenging to identify the line between typical and atypical.

The best treatment providers create a case conceptualization for all new clients. A case conceptualization is a detail way to assess all of the stressors, precipitants, biological factors, environmental risks and consequences of your symptoms. This way of viewing your case guides your treatment. Options for sources of depression from migraine include:

- **Situational** – When you are faced with new stresses and new challenges, it changes your life. The world around you seems different and you search for new ways to exist inside it. Migraines make everyday activities more of a challenge to complete and more stressors compound the situation. Perhaps, your relationships and supports have become strained from your diagnosis or your pain. This can cause situational depression to develop.
- **Physiological** – You know that migraines negatively impact your brain chemistry. Research now points to the notion that the same imbalance that triggers migraines can bring about depression. Your external life may have little to do with your symptoms.

- **Fatigue** – Migraines take their toll on your physical health. When your body is strained, your brain is not functioning to its fullest potential. Fatigue will bring on other depressive symptoms like lack of energy, lack of motivation, problems sleeping and even feelings of guilt and shame.
- **Medication** – Knowing and communicating your symptoms effectively is especially important with medications. Some migraine medications can make depression worse. Some depression medications make migraines worse. Always gain education when it comes to the medications that you are putting into your body.

When looking at the sources of your symptoms, accept that there could be multiples causes. Additionally, the root of your symptoms could be changing depending on the situation. Perhaps, it is medication-related before it changes to fatigue and then situational. The best self-monitoring is necessary to gain awareness of your symptoms.

Medication Information

As mentioned above, medication with depression and migraine carries some risks. There is good benefit, though, with appropriate medication choices. Here are some medication options for your symptoms:

- **Selective Serotonin Reuptake Inhibitors (SSRIs)** – These are some of the most commonly used antidepressant drugs. SSRIs work by flooding your brain with more serotonin which typically improves symptoms of depression. Oddly, when depression is accompanied by migraines, these medications are less effective.
- **Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)** – This are another group of antidepressants that work to add norepinephrine as well as serotonin into your brain. Two is better than one, right? Not in this case. As with SSRIs, SNRIs have poor results in patients with depression and headaches.
- **Opioids/ Butalbitals** – These are prescription pain medications that are available under a number of names and strengths. These are known to lead to a condition called mediation overuse headache (MOH). These medications will lose their efficacy and cause more headaches. Opiods are also related to depressive symptoms since they slow your body functioning.
- **Tricyclics** – For the best results for people with depression and migraine/ headaches, you have to look back to 50-year-old medications. The tricyclics are an older generation of antidepressants. Symptoms tend to respond at a quicker rate and at lower doses than with other medications. Tricyclics are generic medications so some prescribers may lack knowledge of them and their efficacy.
- **Monoamine Oxidase Inhibitors (MAOIs)** – This is another older type of medication that is no longer prescribed at a high rate. Low usage is usually due to higher risks of side effects, but for patients that are knowledgeable and careful with their treatment; these may be the best option.

Next page: CBT for migraine.
Page three: Barbara shares her thoughts on migraines and depression.

CBT for Migraine

Adding medications can help with the physiological and changing medications can reduce the side-effect source of depression. What should you do about the situational and fatigue aspects of depression and migraine? Cognitive behavioral therapy (CBT) may be the best answer.

Research and real-world practice has found CBT to be beneficial for a number of issues, diseases and disorders. People with depression, anxiety, type-2 diabetes, autism and migraine tend to do quite well with CBT treatment. Luckily, CBT is widely available in number of settings. Many counselors, social workers and psychologists are specifically trained in CBT.

CBT is based on the idea of the cognitive triad. The cognitive triad is a triangle with thoughts, feelings and behaviors at each point. This illustrates the idea that thoughts, feelings and behaviors are all influence and are influenced by the others. If you have feelings you do not like, you must try to change your thoughts or behaviors.

If you have behaviors you do not like, you must modify your thoughts and feelings. Feelings tend to be the most difficult to change because they are challenging to access directly.

A cognitive behavioral therapist will look at aspects of your cognitive triad to look for beneficial adjustments. Consider this example for the interaction between your depression and migraines:

- **Thoughts** – My migraines will never get any better. My depression will never get any better. My symptoms have been terrible for weeks. Nothing is ever going to change.
- **Behaviors** – Staying in the house, no contact with friends, only watching TV on the couch, eating poorly and sleeping sporadically
- **Feelings** – Depressed, anxious, frustrated, irritated, angry, hopeless, helpless

You can see in this example how each aspect impacts the others. A therapist can help you find an appropriate intervention that involves changing a thought or a behavior.

- **Cognitive options:** Depressed thinking is polarizing and exaggerated thinking. It is based in a world of good or bad, wrong or right, all or nothing. A way to improve your thinking can be as simple as paying attention to your word choice. Odds are that using words like never, always, must, should and phrases like have to and need to will make depression worse. Search for shades of grey and exceptions to the rule. Use words like sometimes, often, might, occasionally and could to begin changing the flow of depression. It may seem like a small difference, but you think to yourself constantly. Small changes yield big results with repetition. Saying, “My migraines might get better” offers hope and objectivity.

- **Behavioral options:** If you do not eat well, sleep well and have contact with supports in your life, depression and migraines will not improve since fatigue will be more of a negative presence. Changing your behaviors are an easier option because it is more measurable and observable. Can you contact some trusted supports to bring you healthy foods? Eating better will improve sleep and energy levels. Can you find motivation to exercise when symptoms are low? Exercise will help with mood, migraines, energy, sleep and appetite. Behavioral options are limitless. There is always something you can do to improve your symptoms.

When you complete cognitive interventions, you will feel better and be more likely to complete behavioral interventions. The same is true with completing behavioral interventions. If you can work on changing your thinking and changing your behaviors, you will feel amazingly well and your therapist’s job will be much easier.

Conclusion

If you want to limit the impact of migraines and depression in your life, follow the system outlined above. Acknowledge symptoms and sources to gain information. Pursue medications that show high benefit with low side effects. Try some therapy. A clinician well versed in CBT will be able to teach you the skills to change your thinking and change your behaviors. You may not be able to end your pain, but you may be able to feel happier and more hopeful.

Next page: Barbara's tips for managing migraines and bipolar.

Migraine and Depression Tips from Barbara

Chronic pain of any kind can cause even the strongest of individuals to develop mood problems and depression. Researchers are looking at the connection and whether it is actually medically linked or just simply that one condition leads to the other. Depression and migraines are often found together, and research has shown they might share a genetic risk factor as well.

Why Do Some People Have Both?

Migraine sufferers tend to have their quality of life greatly affected by their migraine pain. After all, this is not just a typical headache and it can occur often enough to impact your daily activities and even your employment.

Migraine can affect relationships too, because after a while, even loved-ones may not understand the chronic nature of your pain. Suddenly, you are no longer the care-free person you once were. That can be a huge trigger.

Depression is a very real and impactful condition, but it may be hard to obtain a solid diagnosis from your doctor when you are also suffering with migraines. Typically, when you get a migraine it is easier for you to retreat to a dark room and close out the world of bright lights and noises.

You may lose your appetite and feel nauseous. You can feel overwhelmed by having to carry on normal activities. You probably do not want to socialize, yet you feel isolated.

It can look like depression even when it's not (it's a reaction to the pain), but the key factor is if those same feeling and actions occur even without a migraine present.

Ask yourself this:

- Do I often avoid seeing friends or family or other socialization even when I don't have a migraine?
- Do I find myself feeling depressed and overwhelmed even without pain?
- Do I seek naps or extra sleep even on migraine-free days?
- Do I experience a loss of appetite?
- Do my symptoms of depression seem to worsen with a migraine or the period following a migraine episode?
- Have I experienced extreme fatigue and loss of energy?

If it appears that symptoms of depression are present without a migraine or are also impacting your life and activities, you should speak to your doctor about those symptoms and when they occur.

Those who suffer migraines seem to have a much higher incident of also suffering from depression. The question remains if there is an actual connection with the two conditions or if one is simply leading to the other.

Next page: looking at the link between these two conditions.

Is There a Link?

One factor that points strongly to there being a medical link was supported in a study of people who suffer from depression and reported that after a depressive episode or period, a migraine attack was often triggered. Some researchers have also found people who suffer from migraine with aura are more likely to have depression than people who have migraine without aura.

Statistically, there is also an increased risk of anxiety and the risk of panic disorder is greater for migraineurs than for non-migraineurs.

Researchers from Brigham and Women's Hospital in Boston conducted a recent study that found women who suffer from migraine headaches were more likely to develop depression.

The large-scale study examined the risk of depression among more than 36,000 women who took part in the study. To be part of it, the women could not have ever had depression or depression symptoms prior to the study.

The researchers divided the women into four categories: active migraine with aura sufferers (visual disturbances like flashing lights sometimes associated with migraine headaches), active migraine without aura, past history of migraine (but no recent attacks in the last 12 months) and those that had never had a migraine. During about 14 years of follow-up, 3,971 women were diagnosed with depression.

The study found that women with a history of ongoing migraines were 36 percent more likely to develop depression versus women who had never experienced migraine. Additionally, women who had experienced migraine in the past were 41 percent more likely to experience depression.

Contributing Factors to Both Conditions

Doctors now believe estrogen can make both migraines and depression worsen. Women often report their headaches and mood shifts are triggered by their menstrual cycle. Studies have also shown that women who take oral contraceptives are often plagued by symptoms of both conditions.

And statistics show that about three times as many women get regular migraine attacks compared to males. Hormonal changes seem to play a large role in triggering a migraine.

Treatments and Help

If you think you might also be suffering with depression, let your doctor know. There are medications that can help, as well as other therapies and treatment options. There is hope for you to feel better and more like yourself, so you may enjoy the good, migraine-free days.

Your doctor may prescribe a serotonin reuptake inhibitors (SSRIs) or monoamine oxidase inhibitors, which are drugs that can be used in combination with certain migraine pain medicines. In some cases they can be combined with antidepressants for greater results. By addressing both conditions many patients have felt a greater control over all of their symptoms.